

FIG. 1

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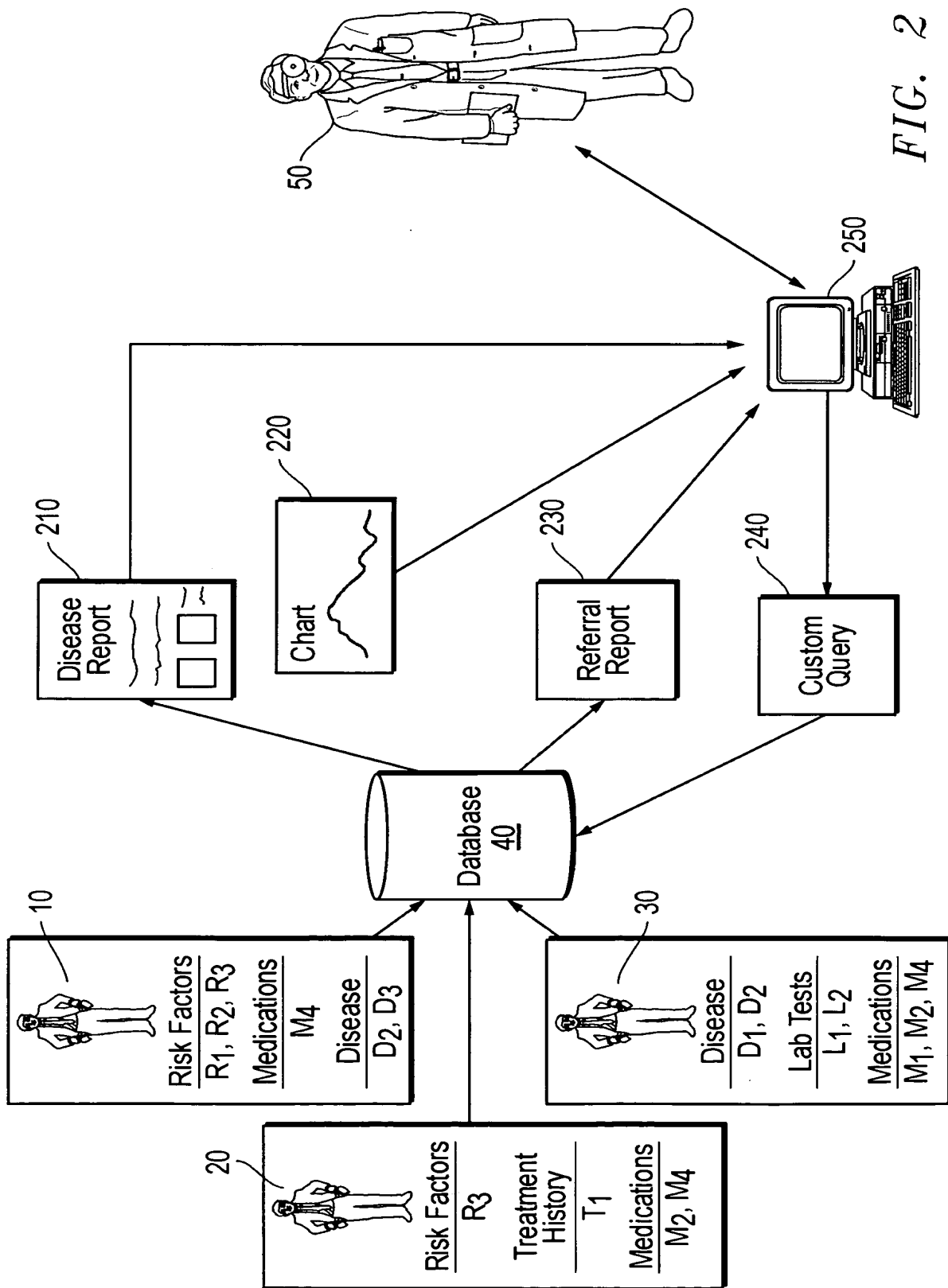


FIG. 2

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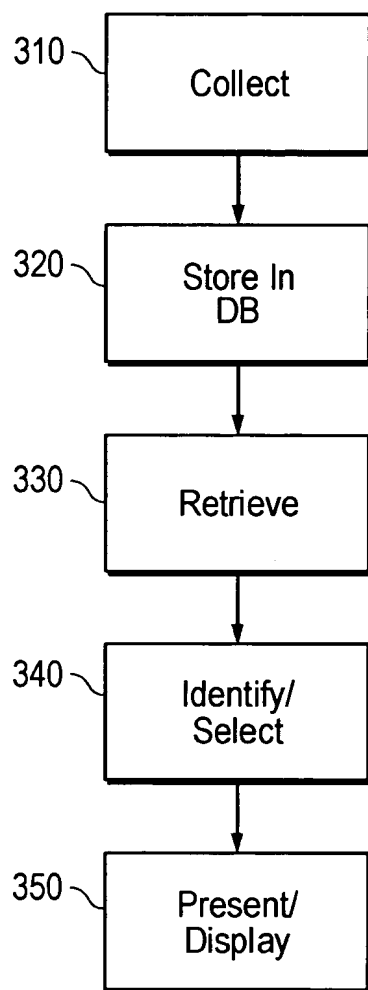


FIG. 3

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400

Initial Visit

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note				Oak Health Center			
Vitals	Last Visit	This Visit	012345	Griffen	Henery		
Date mm/dd/yy	01/01/02		P	70	03/17/32	Male	
Weight			123 Main Street	Placerville	CA		
Height			Lovelace	English			
Pulse			European	White	Medicaid + Medicare		
Resp Rate							
BMI				Not Homeless	Not Migrant		
Temp			Oak				
Systolic BP							
Diastolic BP							

Chronic Conditions

Medications

Laboratory Test Results

Other Diagnostic Tests

Vaccinations and Immunizations

Risk Factors

Other Measures

Referrals and Education

Other Notes

Chart# 012346 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02

Help <<First <Previous 1 of 1 75 Next> Last>> Close Preview

Back Creating encounter note for 012345

FIG. 4



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500

Diagnosis of Diabetes

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note				Oak Health Center			
Vitals	Last Visit	This Visit		012345	Griffen	Henery	
Date mm/dd/yy	02/01/02	<input type="checkbox"/>	<input type="checkbox"/>	P	70	03/17/32	Male
Weight	145.0	<input type="checkbox"/>	<input type="checkbox"/>	123 Main Street	Placerville	CA	
Height	5' 4.0"	<input type="checkbox"/>	<input type="checkbox"/>	Lovelace	English	Medicaid + Medicare	
Pulse		<input type="checkbox"/>	<input type="checkbox"/>	European	White	Not Homeless	Not Migrant
Resp Rate		<input type="checkbox"/>	<input type="checkbox"/>	Oak			
BMI	24.0	<input type="checkbox"/>	<input type="checkbox"/>				
Temp	98.6	<input type="checkbox"/>	<input type="checkbox"/>				
Systolic BP	120	<input type="checkbox"/>	<input type="checkbox"/>				
Diastolic BP	85	<input type="checkbox"/>	<input type="checkbox"/>				
Chronic Conditions				Risk Factors			
Diagnosed Conditions	Dx Date	D/C		Family History	Date	D/C	
Diabetes Type 1	02/01/02			Flu/DM		<input type="checkbox"/>	
Potential Chronic Diseases	Add			Behaviors		C P N	
Depression	<input type="checkbox"/>			SM BG		<input type="checkbox"/>	
Retinopathy	<input type="checkbox"/>			Smoking		<input type="checkbox"/>	
Post-MI	<input type="checkbox"/>			C=current; P=past; N=never			
P Vasc Dis	<input type="checkbox"/>			Other Measures			
Neuropathy	<input type="checkbox"/>			Test	Value	Date	Pref Ref
Nephropathy	<input type="checkbox"/>			Exercise wk			<input type="checkbox"/>
Hypertension	<input type="checkbox"/>			Foot Index			<input type="checkbox"/>
Dyslipidemia	<input type="checkbox"/>			Referrals and Education			
CAD	<input type="checkbox"/>			Refer/Educat	Date	Pref	Ref Dec
CHF	<input type="checkbox"/>			Foot Exam		<input type="checkbox"/>	<input type="checkbox"/>
CerebroVasc Dz	<input type="checkbox"/>			Hospital		<input type="checkbox"/>	<input type="checkbox"/>
Medications				SM Goal Set		<input type="checkbox"/>	<input type="checkbox"/>
Class	Name	Date	D/C	Dental Exam		<input type="checkbox"/>	<input type="checkbox"/>
Other Medications to Consider	Cont	Add		Smoke Cess		<input type="checkbox"/>	<input type="checkbox"/>
OtherLipidMe	Class	<input type="checkbox"/>	<input type="checkbox"/>	Ret Exam		<input type="checkbox"/>	<input type="checkbox"/>
Statins	Class	<input type="checkbox"/>	<input type="checkbox"/>	Nutrit Edu		<input type="checkbox"/>	<input type="checkbox"/>
Other BP Med	Class	<input type="checkbox"/>	<input type="checkbox"/>	DM Edu		<input type="checkbox"/>	<input type="checkbox"/>
ARB	Class	<input type="checkbox"/>	<input type="checkbox"/>	Other Notes			
Antiplate/coag	ASA	<input type="checkbox"/>	<input type="checkbox"/>	Meter Type:			
ACE Inhibitor	Class	<input type="checkbox"/>	<input type="checkbox"/>	Encount Note:			
Insulin	Class	<input type="checkbox"/>	<input type="checkbox"/>				
Laboratory Test Results							
Test	Value	Date	Pref	Ref			
ALT			<input type="checkbox"/>	<input type="checkbox"/>			
Creat Clear			<input type="checkbox"/>	<input type="checkbox"/>			
MIA/Cr			<input type="checkbox"/>	<input type="checkbox"/>			
Triglyc			<input type="checkbox"/>	<input type="checkbox"/>			
HDL			<input type="checkbox"/>	<input type="checkbox"/>			
LDL			<input type="checkbox"/>	<input type="checkbox"/>			
Chol			<input type="checkbox"/>	<input type="checkbox"/>			
HbA1c			<input type="checkbox"/>	<input type="checkbox"/>			
Other Diagnostic Tests							
Test	Result	Date	Pref	Ref			
Cardio Strss			<input type="checkbox"/>	<input type="checkbox"/>			
EKG			<input type="checkbox"/>	<input type="checkbox"/>			
Vaccinations and Immunizations							
Vac/Imm	Date	Pref	Ref	Dec			
Flu Vac		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pneumovax#		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Chart# 012345				Henery, P Griffen		Page 1 of 1	
Date Printed: 7/8/02							
Help				<<First		<Previous	
Back				1 of 1		75	
				Next>		Last>>	
				Close Preview			
				Creating encounter note for 012345			

FIG. 5



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600

Diagnosis of Coronary Artery Disease

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note				Oak Health Center			
Vitals	Last Visit	This Visit		012345	Griffen	Henery	
Date mm/dd/yy	03/01/02			IP	70	03/17/32	Male
Weight	153.0			123 Main Street	Placerville	CA	
Height	5 4.0"			Lovelace	English		
Pulse				European	White	Medicaid + Medicare	
Resp Rate						Not Homeless	Not Migrant
BMI	26.2			OAK			
Temp	98.6			Other Diagnostic Tests			
Systolic BP	123			Test	Result	Date	Pref
Diastolic BP	88			CardiacCat			
Chronic Conditions				CardioStress			
Diagnosed Conditions	Dx Date	D/C		Echo			
Coronary Artery Disease	03/01/02			EKG			
Diabetes Type 1	02/01/02	Add		Revasc			
Potential Chronic Diseases				Vaccinations and Immunizations			
Depression				Vad/Imm	Date	Pref	Ref
Retinopathy				Flu Vac	03/03/02	X	
Post-MI				Pneumovax#			
P Vasc Dis				Risk Factors			
Neuropathy				Family History	Date	D/C	
Nephropathy				FhsDM	03/01/02		
Hypertension				FhsCHD		C P N	
Dyslipidemia				Behaviors			
DM Type 2				Daily Weighing	current		
CHF				SMBG	unknown		
CerebroVascDz				Smoking	past		
Medications				G-current; P=past; N=never			
Class	Name	Date	D/C	Other Measures			
Insulin	Class	03/01/02		Test	Value	Date	Pref
Other Medications to Consider				Exercise wk	3	03/01/02	
OtherLipidMe	Class			Foot Index	2	03/03/02	
Statins	Class			LVEF			
Nitrates	Class			NYHA Class			
Other BP Med	Class			Referrals and Education			
Calc Chan Bl	Class			Refer/Educ	Date	Pref	Ref
Diuretic	Class			PostMIRehab			
Beta Blocker	Class			Depression Sc			
ARB	Class			Foot Exam			
Antiplate/coag	ASA			CVD Educ			
Lipid lower	Class			Hospital			
ACE Inhibitor	Class			SM Goal Set			
Laboratory Test Results				Dental Exam			
Test	Value	Date	Pref	Smoke Cess			
Triglyc	40	03/02/02		Ret Exam			
HDL	80	03/02/02		Nutrit Edu			
LDL	115	03/02/02		DM Edu			
HBA1c	14	03/02/02		Other Notes			
CreatClear	132	03/02/02		Meter Type: Dionelex M54			
ALT				Encount Note: Highly motivated			
Potassium				SM Goal Desc			
MAI/Cr							
Chol							

Chart# 012345 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02

Help <<First <Previous 1 of 1 75 Next> Last>> Close Preview

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FIG. 6

FIG. 7



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800

Diagnosis of Asthma

Patient Electronic Care System - Encounter - Encounter Documents									
Encounter Note					Oak Health Center				
Vitals		Last Visit		This Visit		012345		Griffen	
Date mm/dd/yy		06/04/02				P		70	
Weight		154.0				123 Main Street		Placerville	
Height		5 4.0"				Lovell		English	
Pulse						European		White	
Resp Rate								Medicaid + Medicare	
BMI		26.4						Not Homeless	
Temp		98.8				OAK		Not Migrant	
Systolic BP		120				Laboratory Test Results			
Diastolic BP		84				Other Measures			
Office PEFR									
Pulse Ox									
Chronic Conditions									
Diagnosed Conditions					D/C				
Major Depression Recur					07/08/02				
Asthma					06/04/02				
Coronary Artery Disease					03/01/02				
Diabetes Type 1					02/01/02				
Potential Chronic Diseases					Add				
Depression									
Retinopathy									
Post-MI									
P Vasc Dis									
Neuropathy									
Nephropathy									
Hypertension									
Dyslipidemia									
DM Type 2									
CHF									
CerebroVascDz									
Medications					Vaccinations and Immunizations				
Class Name Date D/C					VaccImm Date Pref Ref Dec				
Anti-Depress Class 07/08/02					Flu Vac 03/03/02				
Insulin Class 05/01/02					Pneumovax#				
Other Medications to Consider					Risk Factors				
OtherLipidMe Class					Family History Date D/C				
Statins Class ASA					FhxDM 03/01/02				
Mood Stabiliz Class					FhxDepres 05/01/02				
Tricyclics Class					FhxCHD				
SSRI's Class					Physical Abuse				
Nasal Steroids Class					Hist Trauma				
Beta-Agonists Class					Behaviors				
ICS Class					Daily Weighing				
Oral Steroids Class					EnvironTnggers				
Bronchodilators Class					SMBG				
Nitrates Class					Smoke Household				
Other BP Med Class					Smoking				
Calc Chan Bl Class					C=current, P=past, N=never				
Diuretic Class									
Beta Blocker Class									
ARB Class									
Antiplate/coag Class									
Lipid lower Class									
ACE Inhibitor Class									
					Referrals and Education				
					Refer/Educat Date Pref Ref Dec				
					Spirometry				
					CSD FU				
					AsthmaPlan				
					AsthAcuteEdu				
					PostMIRehab				
					SubAbuseScr				
					Depression Sc				
					Foot Exam				
					CVD Educ				
					Hospital				
					SM Goal Set				
					Dental Exam				
					Ment Health				
					Smoke Cess				
					Ret Exam				
					Nutrit Edu				
					DM Edu				
					Other Notes				
					Meter Type: Dioneix M54				
					Encount Note: Highly motivated				
					CSD FU Desc				
					SM Goal Desc				
					Written Act Pl				
Chart# 012345 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02									
Help		<<First		<Previous		1 of 1		75	
Back								Next>	
								Last>>	
								Close Preview	
Creating encounter note for 012345									

FIG. 8



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900

Example Run Charts

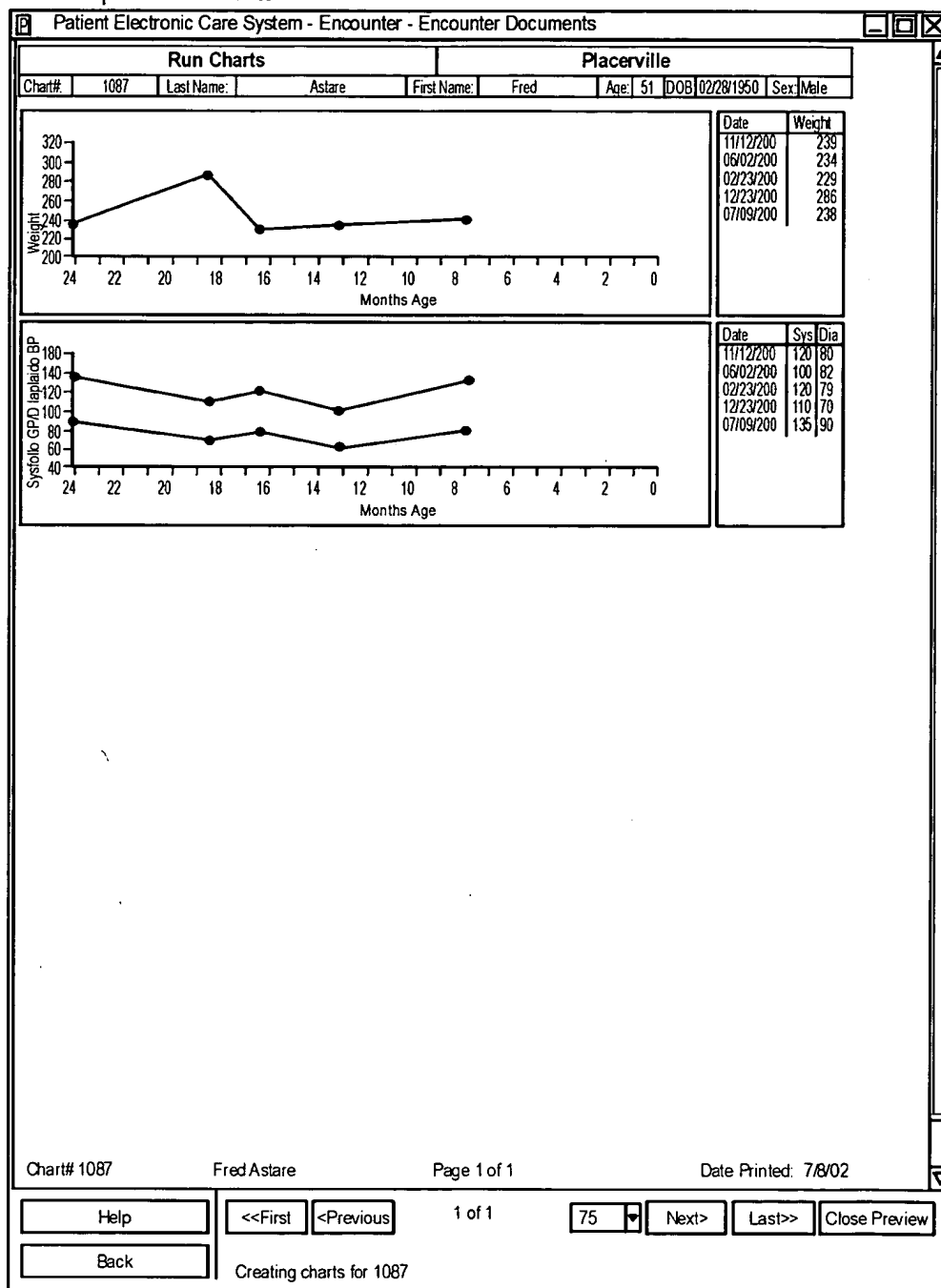


FIG. 9



10/24

1000

Pick List		iif(len(@encounterclinic)>0, @encounter							
Chart#:	[medical_reco	Last Name:	[last_name]	First Name:	[first_name]	Age: @ag	DOB: [date of b	Sex:	[sex]
Demographics					Vitals				
<input type="checkbox"/> Add	<input type="checkbox"/> Age	<input type="checkbox"/> Behavioral Health Provider	<input type="checkbox"/> Benefit Coverage Dental	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Chart Number	<input type="checkbox"/> City	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Emergency Contact Phone
<input type="checkbox"/> First Name	<input type="checkbox"/> Homeless	<input type="checkbox"/> Insurance	<input type="checkbox"/> Insurance Type	<input type="checkbox"/> Language Spoken	<input type="checkbox"/> Last Name	<input type="checkbox"/> Middle Initial or Name	<input type="checkbox"/> Migrant	<input type="checkbox"/> Phone Number	<input type="checkbox"/> Phone Number 2
<input type="checkbox"/> Primary Provider	<input type="checkbox"/> Race	<input type="checkbox"/> Refugee Status	<input type="checkbox"/> School/Day Care Name	<input type="checkbox"/> School/Day Care Phone	<input type="checkbox"/> Sex	<input type="checkbox"/> State	<input type="checkbox"/> Street Address One	<input type="checkbox"/> Street Address Two	<input type="checkbox"/> Zip Code
<input type="checkbox"/> Add	<input type="checkbox"/> Body Mass Index	<input type="checkbox"/> Diastolic Blood Pressure	<input type="checkbox"/> Height	<input type="checkbox"/> Office peak flow	<input type="checkbox"/> Pulse	<input type="checkbox"/> Respiratory Rate	<input type="checkbox"/> Systolic Blood Pressure	<input type="checkbox"/> Temperature	<input type="checkbox"/> Weight
<input type="checkbox"/> Add	<input type="checkbox"/> Acute-MI	<input type="checkbox"/> Bipolar	<input type="checkbox"/> Chronic Obstructive Pulmona	<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Nasal Polyps	<input type="checkbox"/> Peripheral Vascular Disease
<input type="checkbox"/> Sinusitis Acute	<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Allergic Rhinitis	<input type="checkbox"/> Bronchopulmonary dysplasia	<input type="checkbox"/> Chronic Peridontitis	<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/> Eczema	<input type="checkbox"/> HIV	<input type="checkbox"/> Major Depression Recurrent	<input type="checkbox"/> Nephropathy
<input type="checkbox"/> Post-MI	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cerebrovascular Disease	<input type="checkbox"/> Chronic Renal Insufficiency	<input type="checkbox"/> Diabetes Type 2	<input type="checkbox"/> GERD	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Major Depression Single Epis	<input type="checkbox"/> Neuropathy
<input type="checkbox"/> Reflux	<input type="checkbox"/> Urticaria	<input type="checkbox"/> Asthma Exacerbation	<input type="checkbox"/> Chronic (Dysthymia)	<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Diabetes Gestational	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Influenza	<input type="checkbox"/> Minor depression	<input type="checkbox"/> Obesity
<input type="checkbox"/> Retinopathy	<input type="checkbox"/> Viral Infection								

Chart # [medical_reco] [firstname] & " "&[last_name] Page 1 of 3 Date Printed: *& Date

FIG. 10

FIG. 11



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1000

Pick List				iif(len(@encounterclinic)>0, @encounterclinic)				
Chart#:	[medical_recor	Last Name:	[last_name]	First Name:	[first_name]	Age: @ag	DOB [date of bi	Sex: [sex]
Risk Factors				C P N Behaviors				
<input type="checkbox"/> Add	Family History	<input type="checkbox"/> Add	Occupational History	<input type="checkbox"/>	Alcohol Abuse			
<input type="checkbox"/>	Alcoholic Parent	<input type="checkbox"/>	ER Nurse	<input type="checkbox"/>	Allergen Exposure			
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Migrant Worker	<input type="checkbox"/>	Animals In Household			
<input type="checkbox"/>	Family History of Asthma	<input type="checkbox"/>	Prostitute	<input type="checkbox"/>	Daily Weighing			
<input type="checkbox"/>	Family History of Atopy			<input type="checkbox"/>	Day Care			
<input type="checkbox"/>	Family History of CHD			<input type="checkbox"/>	Drug Abuse (other)			
<input type="checkbox"/>	Family History of DM			<input type="checkbox"/>	Drug Use (IV)			
<input type="checkbox"/>	Family History of Depression			<input type="checkbox"/>	Environmental Triggers			
<input type="checkbox"/>	Sexual Abuse			<input type="checkbox"/>	Medication Non-adherence			
				<input type="checkbox"/>	Nebulizer			
				<input type="checkbox"/>	Peak Flow Monitoring			
				<input type="checkbox"/>	Risky Sex (hetero)			
				<input type="checkbox"/>	Risky Sex (same)			
				<input type="checkbox"/>	Self Monitor Blood Glucose			
				<input type="checkbox"/>	Smoke in Household			
				<input type="checkbox"/>	Smoking			
				<input type="checkbox"/>	Triggers Allergies			
				<input type="checkbox"/>	Triggers Bird	1205		
				<input type="checkbox"/>	Triggers Cat			
				<input type="checkbox"/>	Triggers Dog			
				<input type="checkbox"/>	Triggers Dust			
				<input type="checkbox"/>	Triggers ETS			
				<input type="checkbox"/>	Triggers Exercise			
				<input type="checkbox"/>	Triggers Mold			
				<input type="checkbox"/>	Triggers Roach			
				<input type="checkbox"/>	Use of MDI			
				<input type="checkbox"/>	Use of Spacer			

Chart # [medical_recor [firstname] & " "&[last_name] Page 3 of 3 Date Printed: *& Date
d_number]

FIG. 12



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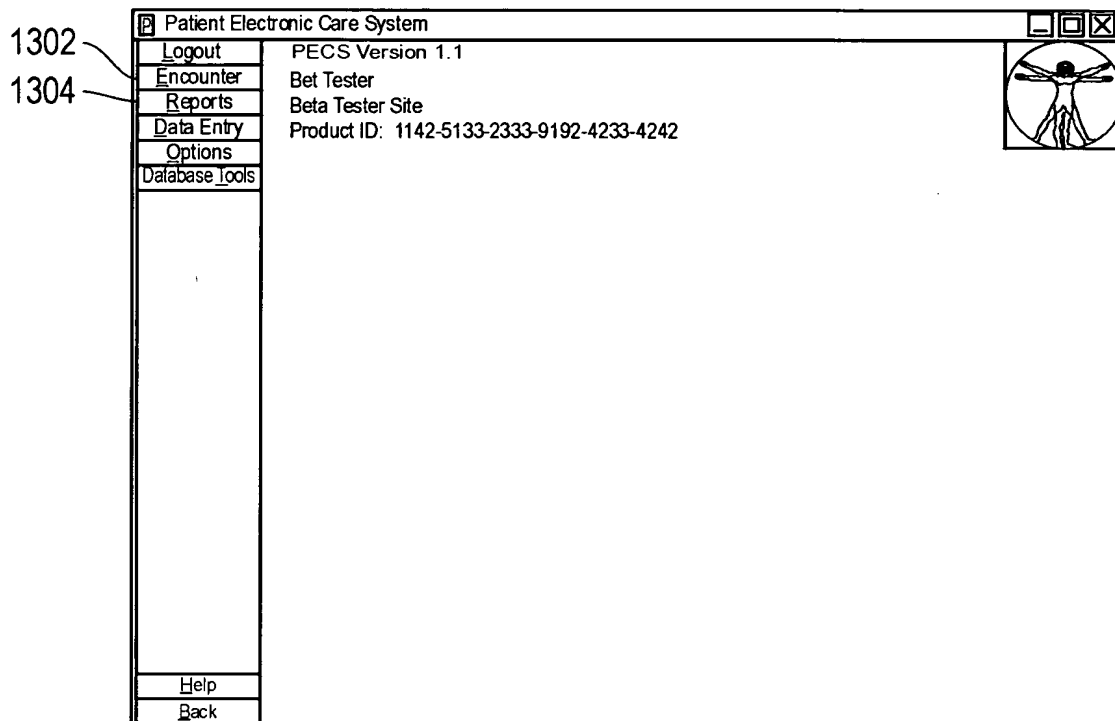


FIG. 13

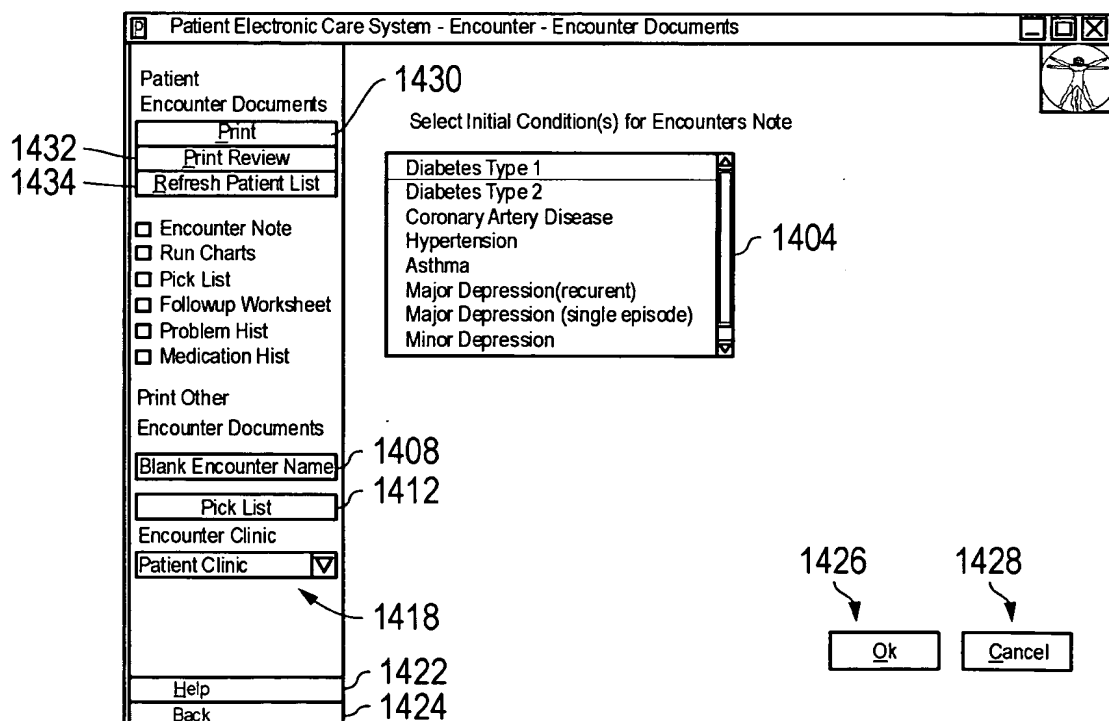


FIG. 14



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1520
1522
1524
1526
1528
1530

Patient Electronic Care System - Encounter - Encounter Documents

Patient Encounter Documents

Print

Print Review

Refresh Patient List

☐ Encounter Note

☐ Run Charts

☐ Pick List

☐ Followup Worksheet

☐ Problem Hist

☐ Medication Hist

Print Other Encounter Documents

Blank Encounter Name

Pick List

Encounter Clinic

Patient Clinic ☒

Help

Back

Patient Pick List Basis: 1505

Select by Clinic and Provider ☒

1507

Clinics
abc
test

1509

Providers
_none
qqq
zzz

1513

chart number

FIG. 15



15/24

Follow-up Worksheet					abc						
Chart#	1231	Last Name:	sssssss	First Name:	ss	Age:	35	DOB	02/08/1967	Sex:	Other
<div> <div>Lab Tests Ordered:</div> <div>Other Diagnostic Tests Ordered:</div> <div>Vaccinations Ordered:</div> <div>Other Measures Ordered:</div> <div>Referrals and Education Ordered:</div> </div>											

Chart# 1231

SSSSSSS, SSSSSSS

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1902
1904
1906
1908
1910
1912
1914

Patient Electronic Care System - Data Entry

New Patient
Add Patient Data
Edit Patient Data
Configure Run Charts
Make Patient Active
Make Patient Inactive
Effective Dates

☒ Show Active Patients
☐ Show Inactive Patients

Refresh Patient List

Help

Back

All Patients

Chart Number:




FIG. 19

Patient Electronic Care System - Data Entry

Add New Patient

Clinic
Primary Provider
Date Active
Chart Number
Last Name
First Name
Middle Initial or Name
Date of Birth
Sex
Street Address One
Street Address Two
City
State
Zip Code
Phone Number
Language Spoken
Ethnicity
Race
Insurance
Homeless
Migrant

7/4/2002

Help

Back

Ok

Cancel

FIG. 20



19/24

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: ssssss First Name: ssssss,s Age: 35 DOB: 02/08/67 Sex: Other

	07/04/02	Last Visi	This Visit
Weight	290.0		
Height	5' 10.0"		
Pulse	85		
Resp Rate	20		
Temp	102.0		
Systolic BP	125		
Diastolic BP	59		

FIG. 21

Patient Electronic Care System

Patient: SSSSSS, SSSSSS, S Med Rec No: 1231

Authorizing provider:

Reason for change:

Office peak flow

Pulse Oximetry

Waist Circumference Inches

Waist Hip Ratio

To add item select items, then click OK. To cancel click Cancel

FIG. 22



20/24

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: ssssss First Name: ssssss Age: 35 DOB: 02/08/67 Sex: Other

Chronic Conditions

07/04/02	Last Visit	This Visit
Diagnosed Conditions	Dx Date	D/C
Potential Chronic Diseases	Add	
Bipolar	<input type="checkbox"/> Remove	<input type="checkbox"/> Details
Chronic Bronchitis	<input type="checkbox"/> Remove	<input type="checkbox"/> Details
Tuberculosis	<input type="checkbox"/> Remove	<input type="checkbox"/> Details
Depression	<input type="checkbox"/> Remove	<input type="checkbox"/> Details

Acute Conditions

Acute Peridontitis	<input type="checkbox"/> Remove	<input type="checkbox"/> Details
Influenza	<input type="checkbox"/> Remove	<input type="checkbox"/> Details
Viral Infection	<input type="checkbox"/> Remove	<input type="checkbox"/> Details

Add New

Help Demo Vitals Meds Labs Other Tests Close

Back Vac / Imm Risk Factors Other Measures Ref / Edu Other Notes

FIG. 23

Patient Electronic Care System

Patient: SSSSSSS, SSSSSSS, S Med Rec No: 1231

Condition: Bipolar

Diagnosis

Date: 7/4/2002

Note:

Provider:

Chronic

Cured ☐ (enter date cured)

Date:

Note:

Provider:

Ok Cancel

FIG. 24



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Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: ssssss First Name: ssssss Age: 35 DOB: 02/08/67 Sex: Other

Medications

Class	Name	Date	D/C
AG Inhibitor	miglitol	07/04/02	<input type="checkbox"/> Remove Details
Biguanides	metformin	07/04/02	<input type="checkbox"/> Remove Details
Alpha 2 Antag	Class	07/04/02	<input type="checkbox"/> Remove Details
Bronchodilator	Class	07/04/02	<input type="checkbox"/> Remove Details
NRTI	dbi	07/04/02	<input type="checkbox"/> Remove Details
Antiplat/coag	ASA	07/04/02	<input type="checkbox"/> Remove Details
Antiplat/coag	Class	07/04/02	<input type="checkbox"/> Remove Details

FIG. 25

Patient Electronic Care System

Patient: SSSSSS, SSSSSS, S Med Rec No: 1231

Authorizing provider:

Reason for change:

ACE Inhibitor: Class

- ACEI & Diuretic: Class
- AG Inhibitor: acarbose
- AG Inhibitor: Class
- AG Inhibitor: Glyset
- AG Inhibitor: Precose
- Alpha Blockers: Class
- Anti-allergy: Class
- Antiarrhythmic: Class

To add item select items, then click OK. To cancel click Cancel

FIG. 26



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Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: ssssss First Name: ssssss Age: 35 DOB: 02/08/67 Sex: Other

Laboratory Test Results

Test	07/04/02 Last Visit			This Visit			Ref	Remove	Details
	Value	Date	Pref	Value	Date				
Hemoglobin A1c			<input type="checkbox"/>			<input type="checkbox"/>			
LDL			<input type="checkbox"/>			<input type="checkbox"/>			
HDL			<input type="checkbox"/>			<input type="checkbox"/>			
Microalbuminuria			<input type="checkbox"/>			<input type="checkbox"/>			
Potassium			<input type="checkbox"/>			<input type="checkbox"/>			
Creatinine			<input type="checkbox"/>			<input type="checkbox"/>			
T-4			<input type="checkbox"/>			<input type="checkbox"/>			

Add New Item

Help Demo Vitals Conditions Meds Other Tests Close

Back Vac / Imm Risk Factors Other Measures Ref / Edu Other Notes

FIG. 27

Patient Electronic Care System

Patient: SSSSSS, SSSSSS, S Med Rec No: 1231

Authorizing provider:

Reason for change:

24hrUP

- ALT
- AST
- CD4
- Chol
- Creatinine Clearance
- Digoxin Therapeutic Level
- Fasting Glucose
- IgE Level

To add item select items, then click OK. To cancel click Cancel

Ok Cancel

FIG. 28



23/24

2900

2920

Patient Electronic Care System - Reports

Report Database: C:\Program Files\PECS\Reports

All Reports

Report Name:

Report Name	Report Category	Last Modified	Last Run
Asthma Registry Summary Report	Asthma		
CVD Registry Summary Report	Cardiovascular		
Demographic Info for All Pts Rgstry	General		
Depression Registry Summary Report	Depression		
Detailed Visit Info	General		
DM Registry Summary Report	Diabetes		
List All Pts non-DM	General		
List all Pts non-DM and non-CVD	General		
List Asthma Pts	Asthma		
List Asthma Pts no Action Plan Last xx Days	Asthma		
List Asthma Pts no Assessment Last xx Days	Asthma		
List Asthma Pts no Flu Vacc Last xx Days	Asthma		
List Asthma Pts no Home PFM	Asthma		
List Asthma Pts no Mgmt Edu Last xx Days	Asthma		
List Asthma Pts no Pneumococcal Vacc Last xx Years	Asthma		
List Asthma Pts no Spirometry or PFT Last xx Days	Asthma		
List Asthma Pts Pref to Allergy Last xx Days	Asthma		
List Asthma Pts Ref to Dermatology Last xx Days	Asthma		
List Asthma Pts Ref to Pulmonary Last xx Days	Asthma		
List Asthma Pts Under 5 no Pnevna Vacc	Asthma		
List Asthma Pts with Acute xx ER Last xx Days	Asthma		
List Asthma Pts with Assessement Last xx Days	Asthma		
List Asthma Pts with Hospitalization Last xx Days	Asthma		
List Asthma Pts with Persistent not on Anti-Inflam	Asthma		
List Asthma Pts with Selected Visits	Asthma		
List Asthma Pts with Smoke Exposure Last xx Days	Asthma		
List Asthma Pts with Visit Next xx Days	Asthma		
List Asthma Pts with xx Missed Days	Asthma		
List Asthma Pts with xx Symptom Free Days	Asthma		
List CHF Pts	Asthma		
*	Cardiovascular		

Refresh Patient List

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FIG. 29

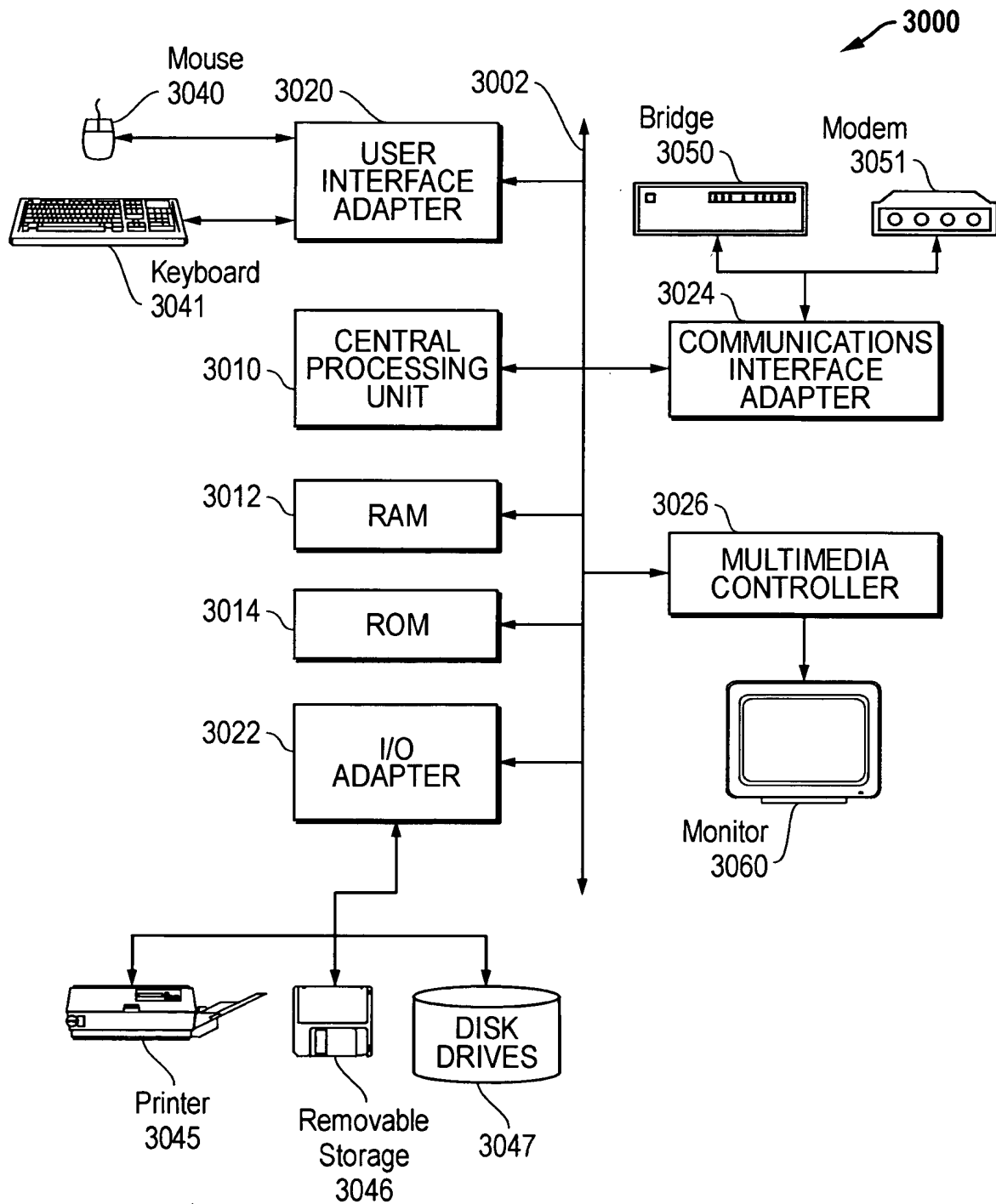


FIG. 30